

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Friends of Charlie Wilson

Full Name (Last, First, Middle Initial)

Carl Lehman**A.**

Mailing Address PO Box 62

City

Bannock

State

OH

Zip Code

43972-0062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Landscaping

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		25		2012

Transaction ID : C8462366

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Robert H. Rawson Jr.**B.**

Mailing Address 21300 Brantley Rd

City

Shaker Heights

State

OH

Zip Code

44122-1936

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jones Day

Occupation

Attorney

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		15		2012

Transaction ID : C8419917

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Roger Anderson**C.**

Mailing Address 4450 Barnett Ridge Rd

City

Fleming

State

OH

Zip Code

45729-5052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		24		2012

Transaction ID : C8500737

Amount of Each Receipt this Period

1250.00

* In-Kind: Catering

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00